

CITY OF ROSWELL, NM

PRE-EMPLOYMENT RELEASE AND WAIVER

I hereby authorize any authorized representative of the City of Roswell bearing this release or a copy thereof to obtain information contained in any file, Motor Vehicle Record (MVR), computer bank, or other compilation system relating to former employment, educational, or criminal history information matters. This waiver extends to any and all information possessed by an educational institution or former employers. It also extends to any and all information possessed by local, state, or federal law enforcement agency which retains criminal history information. It extends also to any and all information compiled in the internal affairs or disciplinary records of any law enforcement agency wherein I have been accused of misconduct, whether sustained or not.

I understand that if I am hired for the position for which I am applying this release is good for the term of my employment with the City of Roswell.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Roswell.

Consent is granted for the City of Roswell to furnish the information described above to third parties in the course of fulfilling its official responsibilities. A photocopy or facsimile copy of this release form will be valid as an original thereof, even though the said photocopy or facsimile contains a copy of my signature.

I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, former employer of any capacity, law enforcement agency, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family and associates resulting from the authorized release of information or attempted release of such information, pursuant to the terms of this release and waiver.

Printed name of applicant

Signature of applicant

Date

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____,

by _____.

Notary Public

My Commission Expires:

**RETURN TO THE CITY HUMAN RESOURCES DEPARTMENT SIGNED BY
YOURSELF AND A NOTARY PUBLIC**